



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 7041

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---|---|--|-------------------------|---------------------------|
| 10/593,225 | 02/07/2007 | 424 | 1645 | LEXSA.P40 |
| APPLICANTS Maria Elena Sarmiento Garcia San Miguel, Ciudad de la Habana, CUBA; Armando Acosta Domínguez, Ciudad de la Habana, CUBA; Carlos Roman Vallín Plous, Ciudad de la Habana, CUBA; Nest Olivares Arzuaga, Ciudad de la Habana, CUBA; Yamile Lopez Hernandez, Ciudad de la Habana, CUBA; Caridad Rodríguez Valdes, Ciudad de la Habana, CUBA; Maximo Martinez Benitez, Ciudad de la Habana, CUBA; Leonora Gonzalez Mesa, Ciudad de la Habana, CUBA; Juan Francisco Infante Bourzac, Ciudad de la Habana, CUBA; Astrid Ramos Mori, Ciudad de la Habana, CUBA; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/CU05/00002 03/18/2005 | | | | |
| ** FOREIGN APPLICATIONS ***** CUBA 2004-0051 03/18/2004 | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/2007 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS |
| 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | CUBA | 4 |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> | Initials | | TOTAL CLAIMS |
| | | | | 17 |
| | | | | INDEPENDENT CLAIMS |
| | | | | 3 |
| ADDRESS LACKENBACH SIEGEL, LLP LACKENBACH SIEGEL BUILDING 1 CHASE ROAD SCARSDALE, NY 10583 UNITED STATES | | | | |
| TITLE Vaccine Compositions Which Are Obtained From Streptomyces | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees | | |
| | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
| | | <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Credit | | |